



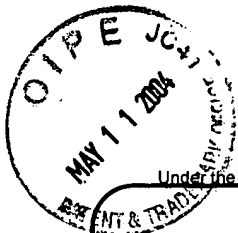
EXPRESS MAIL CERTIFICATE

"EXPRESS MAIL" MAILING LABEL NUMBER: ER 869631079

DATE OF DEPOSIT: MAY 11, 2004

I HEREBY CERTIFY that the enclosed Transmittal Form, Transmittal of Information Disclosure Statement within Three Months of Filing or before Mailing of First Office Action; and return receipt postcard are being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10, postage prepaid, on the date indicated above and is addressed to U.S. Patent and Trademark Office, 2011 South Clark Place, Customer Window, Mail Stop DD, Crystal Plaza Two, Lobby Room 1B03, Arlington, VA 22202.

  
Michael J. Colitz, III



05-14-04

IPW

PTO/SB/21 (02-04)

Approved for use through 07/31/2006. OMB 0651-0031  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)	Application Number	10/730,482	
	Filing Date	12/08/2003	
	First Named Inventor	Bruce Steinberg	
	Art Unit		
	Examiner Name		
Total Number of Pages in This Submission	5	Attorney Docket Number	062365.00006

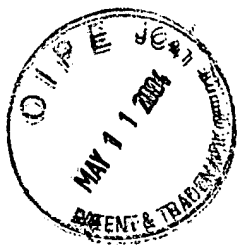
ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Return Receipt Postcard; Express Mail Certificate
<div>Remarks</div>		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Michael J. Colitz, III
Signature	<i>Michael J. Colitz III</i>
Date	5-11-04

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.			
Typed or printed name	Michael J. Colitz, III		
Signature	<i>Michael J. Colitz III</i>	Date	5-11-04

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANT(S): Bruce Steinberg

SERIAL NUMBER: 10/730,482

FILING DATE: 12/08/2003

FOR: System and Method for Noninvasively Evaluating a  
Limb Suspected of Compartment Syndrome

ATTORNEY DOCKET NO.: 062365.00006

U.S. Patent and Trademark Office  
2011 South Clark Place  
Customer Window, Mail Stop DD  
Crystal Plaza Two, Lobby Room 1B03  
Arlington, VA 22202

TRANSMITTAL OF INFORMATION DISCLOSURE STATEMENT WITHIN  
THREE MONTHS OF FILING OR BEFORE MAILING OF  
FIRST OFFICE ACTION

As listed on the attached Form PTO-1449, Applicant submits herewith copies of the patents, publications or other information of which they are aware, which they believe may be material to the examination of this application and in respect of which there may be a duty to disclose. Copies of the cited patents listed below are not provided herewith due to the fact that they were previously submitted to the United States Patent and Trademark Office in United States Patent Application Serial No. 10/038,040, filed October 19, 2001 (New Pat. No. 6,659,967), of which the instant application is a continuation-in-part of (37 C.F.R. §1.98(d)).

U.S. 5,038,795	Roush et al.
U.S. 5,564,435	Steinberg
U.S. 4,159,640	Leveque et al.

U.S. 5,224,469      Mocny, Michael A.  
U.S. 5,879,312      Imoto, Toshiyuki  
U.S. 6,063,044      Leonard et al.  
U.S. 6,186,962      Lloyd et al.

Foreign Patent No. 156649 – Russia – Abstract

Other documents: Whitesides, Jr., Thomas E., "Tissue Pressure Measurements as a Determinant of the Need for Fasciotomy", Clin. Orthop., 113:43, 1975; Steinberg, et al., Bruce, "Evaluation of Limb Compartments with Suspected Increased Interstitial Pressure," Clin. Orthop. No. 300, pp.248-253,1994; Cagir, Burt, et al., "Limb Surface Mechanical Indentation in the Presence of Accumulated Soft Tissue Fluid," New Rochelle Hospital Medical Center, New Rochelle, pp.1+; Fischer, Andrew "Tissue Compliance Meter for Objective, Quantitative Documentation of Soft Tissue Consistency and Pathology," Arch Phys Rehabil. Vol. 68, Feb. 1987, pp.122-125

The filing of this information disclosure statement shall not be construed as a representation that a search has been made (37 CFR 1.97(g)), an admission that the information cited is, or is considered to be, material to patentability or that no other material information exists.

The filing of this information disclosure statement shall not be construed as an admission against interest in any manner.

The information disclosure statement submitted herewith is being filed within three months of the filing date of the application or date of entry into the national stage of an international application or before the mailing date of a first Office Action on the merits, whichever event occurs last.

By:   
Michael J. Colitz, III  
Registration No. 37,010  
Holland & Knight LLP  
Suite 4100  
100 North Tampa Street  
Tampa, Florida 33602-3644  
Telephone: 813/227-8500  
Facsimile: 813/229-0134



**CERTIFICATE OF MAILING**

I HEREBY CERTIFY that the foregoing was placed in an envelope and mailed via U.S. Express Mail, postage prepaid to: U.S. Patent and Trademark Office; 2011 South Clark Place; Customer Window, MAIL STOP DD; Crystal Plaza Two, Lobby, Room 1B03; Arlington, VA 22202 on this the 11th day of May, 2004.

  
Michael J. Colitz, III

# 1859824\_v1



PTO/SB/08B (08-03)

Approved for use through 07/31/2006. OMB 0651-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

<b>INFORMATION DISCLOSURE STATEMENT BY APPLICANT</b>  (Use as many sheets as necessary)		<b>Complete if Known</b>			
		Application Number	10/730,482		
		Filing Date	12/08/2003		
		First Named Inventor	Bruce Steinberg		
		Art Unit	3736		
Examiner Name	Marmor II, Charles A				
Sheet	1	of	1	Attorney Docket Number	062365.00006

NON PATENT LITERATURE DOCUMENTS			
Examiner Initials*	Cite No. <sup>1</sup>	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.	T <sup>2</sup>
		HORIKAWA, EBIHORAS, SAKAI F. AKIYAMA M.; Non-Invasive Measurement Method for Hardness in Muscular Tissue; Medical & Biological Engineering & Computing - November 1993	

Examiner Signature		Date Considered	
-----------------------	--	--------------------	--

\*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

<sup>1</sup> Applicant's unique citation designation number (optional). <sup>2</sup> Applicant is to place a check mark here if English language Translation is attached. This collection of information is required by 37 CFR 1.98. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 (1-800-786-9199) and select option 2.